

**DEPARTMENT OF HEALTH SERVICES**

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**March 26, 1997**

Medi-Cal Eligibility Branch Information Letter No.: I-97-05

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons.

**MASS MAILING LETTER TO AID CODES 03 AND 04 ELIGIBLE FOR HEALTH INSURANCE IDENTIFICATION**

This is to advise counties of the Department of Health Services' (DHS's) intent to send a mailing to Medi-Cal eligibles assigned Aid Codes 03 and 04 (Adoption Assistance Program) to determine if health insurance is being provided by the newly or prospective adoptive parents. You may receive inquiries about the mailing.

A previous mailing sent in February 1996 resulted in the identification of other health coverage for 16 percent of the beneficiaries contacted. DHS intends to send letters only to those Medi-Cal recipients in Aid Codes 03 and 04 who have established eligibility after January 1996, the date of the eligibility file used for the February 1996 mailing.

A Health Insurance Questionnaire (DHS 6155A) with a prepaid postage envelope will be included with the letter to the parent(s) or prospective parent(s). We are asking them to complete and return it to DHS's Third Party Liability Branch. The other health coverage information will be used to instruct providers on how to bill for medical services and in claim processing and recovery activities.

If you have any questions regarding this project, please call Ms. Janeen Jimenez with DHS's Third Party Liability Branch, Health Insurance Identification Unit, at (916)323-5194. Beneficiary inquiries may be directed to (800) 952-5294.

Sincerely,

Original signed by

Glenda Arellano, for  
Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure